

ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Greene County General HospitalCity: Linton County: Greene Year: **2003**

Provider Type: Critical Access

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	1	105	206	\$4,105
ICU Med/Surg	1	115	233	\$3,863
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	10	711	2,726	\$5,050
Neonatal Intermed	0	0	0	\$0
Obstetrics	2	167	391	\$2,858
Pediatric	1	54	113	\$1,820

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	497	90	NA
Acute Subtotal	106	1,219	3,759	NA
Normal Newborn	0	0	0	\$0

II. Outpatient Visits			
Circulatory System	9,256	Digestive System	1,966
Endocrine System	7,246	Injuries and Poison	2,074
Mental Disorder	695	Musculoskeletal	3,751
Neoplasms	1,194	Nervous	12,481
Respiratory	2,867	Urinary	3,324
Other/Unknown	15,352	Total Visits	60,206
Number of Visits to Emergency Department			8,596
Percent of Emergency Department Visits of Total Visits			14.3%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
N - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	Y - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
------	----------------	-------	----------------------	------	--------------

[Health Care Regulatory Services](#)

[2003 Hospital Services Main Page](#)